

Staff use only:

Receipt:

Payment type:

Date in:

Date out:



County of San Diego

**OFFICE OF THE COUNTY VETERINARIAN
SAN DIEGO COUNTY ANIMAL DISEASE DIAGNOSTIC LABORATORY**

5555 Overland Avenue, Suite 4103, San Diego, CA 92123-1250

Telephone (858) 694-2838 Fax (858) 571-4268

<http://www.sdcountyvet.org>

**ACCESSION
NUMBER**

Today's Date: _____

Animal's name: _____ Species: _____ Breed: _____

Sex: _____ Spay/Neutered? _____ Age: _____ Color: _____

Veterinarian &/or Hospital: _____

Have you previously submitted an animal for services? _____ If so, approximate date(s): _____

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Fax: _____ Email: _____

Driver's License #: _____ Exp. Date: _____

CHECK THE BOX(ES) BELOW FOR THE SERVICE REQUESTED:

☐ **Necropsy[†]:** Date of death _____ Indicate whether euthanized ____ or died ____

☐ **Save Body:** Please check box if you want the body returned or picked up for private burial or cremation. There is an additional \$20 fee for this service. Unfortunately, service is not available for animals >80lbs.

☐ **Rabies:** Human Exposure? ____ Yes ____ No Animal Exposure? ____ Yes ____ No

Date of animal's death: _____ Euthanized? _____ Rabies Vaccinated? _____

Name of victim: _____ Date of bite/exposure: _____

Victim contact information: _____

Victim's physician*: _____ Physician's phone number: _____

**Failure to provide physician information may delay receipt of results*

☐ **Culture & Sensitivity:** Site of sample _____ Date sample taken _____

☐ **Other Diagnostic Tests:** _____ Date sample taken _____

[†]THIS SECTION MUST BE COMPLETED FOR NECROPSIES:

Has the animal bitten a person or other animal in the last 15 days? ____ Yes^{††} ____ No

^{††}*Rabies testing is required by law.*

Why do you want this animal necropsied (please be specific)? _____

Briefly describe the symptoms and pertinent history prior to the animal's death: _____

List any tests, medications, or treatments prior to the animal's death: _____

Internal Remarks (staff): _____

The San Diego County Animal Disease Diagnostic Laboratory is a service and teaching institution